

EDITORS:

WM. BOERICKE, M.D., W. A. DEWEY, M.D., AND C. L. TISDALE. M.D. SAN FRANCISCO.

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Original Articles.

CASES FROM PRACTICE, WITH POSSIBLE MISTAKES AND SUGGESTIONS.

By E. C. BUELL, M. D., Los Angeles, California.

[Read at the first semi-annual meeting of the Homeopathic Medical Society of Southern California, held at the Hotel Del Coronado, San Diego, California.]

Retro-colic Abscess, with Operation.

Spinster, aged fifty-four years, occupation for twenty years or more, teacher; presenting a history of chronic constipation and hæmorrhoids, the result largely of her sedentary habits and carelessness. Had undergone a cutting operation under anæsthesia, for hæmorrhoids some six or seven years ago, since when she has suffered more severe pain with no relief from the constipation. During the last year diarrhæa has occasionally alternated with the constipation, the food passing in an undigested form.

On May 30th, 1891, I first saw this case in consultation with Dr. J. C. Kirkpatrick, who had seen her several times during the month of May, Prior to this she had been for six or seven months, under the care of two of our brethren of the old school. Her symptoms during this time were, in the main, con-

stipation alternating with diarrhoea, quite marked loss of flesh and strength, moderate fever, thirst, more or less pain in left abdomen, about the crest of the ilium, lower portion of the back and in the left hip and buttock. She was treated for uterine and ovarian disease but derived no benefit.

Soon after coming under his care, Dr. Kirkpatrick detected the local tenderness in the left abdomen between the left anterior-superior spine of the ilium and the umbilicus, extending downward over several inches of surface. At this time the patient was up and down, preferred lying down but still moved around without special discomfort. Swelling soon showed in region of tenderness and extended toward the groin. At about this time I saw the patient. An abscess was pointing in the left groin above and to the inner third of Poupart's ligament. Dr. Kirkpatrick made a small incision and a large quantity of the most fetid pus escaped.

But little was done aside from washing out the cavity for some days, as the patient was in the country at quite a remote distance. There was no improvement meantime, in the general condition. At this time the precise character of the abscess had not been determined. Shortly after this Dr. Kirkpatrick placed the case entirely in my charge.

From a careful study of the history and symptoms I believed it to be an abscess in the connective tissues behind and around the descending colon, or scientifically, a retro-colic abscess. The two important factors leading to this diagnosis were the history of long continued bowel trouble, and the region, above and to the inner third of Poupart's ligament, to which the abscess naturally pointed. Under proper antiseptic precautions, the original incision was somewhat extended and careful exploration with a flexible lead probe was made. This disclosed a sinus under the superficial fassia extending parallel with Poupart's ligament to the anterior-superior spine of the ilium, opened at this point and drainage tube carried through and out at first incision; a second sinus extending into the prevesical space; drainage tube carried to the bottom of this, and a third sinus into which the probe passed four and one-half inches extending obliquely upward and outward into the abdominal cavity. A large drainage tube was carried to the bottom of

Thorough washing and peroxide hydrogen solution this sinus. and mild bichloride, used with fountain syringe and continued until water returned clear, was continued morning and evening The general condition improved. The fever for some days. which had become hectic in character, abated. The appetite improved and the patient was cheerful and hopeful. proved condition continued for about three weeks, the discharge decreasing to a minimum quantity. At this time, however, im-The discharge increased in quantity, was provement ceased. dark and offensive and a suspicious odor of peritoneal complication was present. Satisfied that my patient could not recover under existing conditions I determined upon operating, intending to be governed by circumstances, and if advisable to go down to the colon.

Accordingly on July 29th, assisted by doctors Macomber and Cummins, Dr. Kirkpatrick being unavoidably detained, every aseptic and antiseptic precaution being observed, and the patient completely anæsthetized, all of the more superficial sinuses were freely opened. They were lined by pyogenic membranes, The incision extended from the anterior spine of the ilium to the symphysis pubis and freely exposed a large sinus passing directly inward and around the descending colon. I believed that I could now secure perfect drainage, and knowing that the weight of opinion as to further procedure was against me, I thoroughly cleansed the seat of the abscess inserted a large drainage tube, packed the wound with iodoform gauze, dressed superficially in the ordinary aseptic manner, and had the satisfaction of seeing the patient quickly rally, and express herself as being very comfortable.

Everything progressed satisfactorily for several days, the discharge growing less and less, some dressings showing but little pus on the gauze. About the eighth or tenth day after this, during an operation of the bowels, a sudden sharp pain in the descending colon was experienced by the patient. It entirely disappeared in a few hours but the nurse observed that the next stool had much the same appearance as the discharge from the wound. When I saw the patient on the following day it was obvious that the abscess had broken through the wall of the colon.

From this time until September 9th, when the patient died, the tendency was gradually downward. The left lower limb and side became greatly cedematous, which subsided, however, a few days before death. There were no symptoms of acute peritonitis, but occasionally the peculiar odor of peritoneal discharge would manifest itself and the discharge would pass alternately from the wound and per rectum. Frequently the flatus passed through the abdominal wound.

The autopsy revealed two openings into the descending colon. The surrounding structures were infiltrated with pus, with indications of gangrenous destruction. Indeed marked symptoms of gangrene were present forty-eight hours preceding death.

Amputation of Arm for Deformity resulting from Burn.

Clerk, aged twenty-four years. Consulted me last of August 1891, desiring relief from several irritable, painful ulcers on the left forearm and elbow; two of these superficial and two quite deep. Gave the following history.

At eleven years of age suffered a severe burn from blazing oil being spilled on his sleeve, burning the clothing entirely away and burning the tissues from the upper third of the arm to the finger tips.

It is hard to believe that the resulting ulcerated surfaces remained unhealed for six years, constantly under treatment, but such is the fact. The forearm was flexed to a little more than a right angle with the arm, with the wrist and hand forcibly extended and the fingers, with the exception of the index, flexed The elbow and wrist joints were stiff. There was no muscular development of the forearm and the only usefulness of the member was in the index finger and the ability to hold the reins in driving a horse.

There had been repeated outbreaks of ulceration, a common thing in these cases, and in view of this fact and of its little use as well as from a cosmetic standpoint, I advised amputation. On September 9th, 1891, assisted by Dr. A. E. Wheeler, I made the operation, paying the utmost heed to aseptic precautions. He took anæsthesia poorly, we being obliged to resort to artificial respiration several times. After trying chloroform for an

hour Dr. Wheeler resorted to ether and it required nearly another hour to produce complete anæsthesia with this agent..

The operation was a bloodless one, Esmarch's bandage being used. Early in the administration of the chloroform, when he was apparently nearly under it, I applied the rubber bandage from the finger tips to the shoulder. As he seemed liable to go to sleep at any time, I did not remove the bandage. With a modified circular flap the limb was off and five vessels tied in a few moments. The Esmarch was then loosened and in a minute we had almost an uncontrollable bleeding. The blood seemed to well out from every portion of the stump. All the arteries were fast. After an hour's energetic work with hot sponges and compression we had it sufficiently under control to close up, but before the dressings were fairly in place they were stained through. I left the tourniquet loosely around the arm with directions for the nurse to follow in case of severe bleeding, as the patient was at the seaside where it would be impossible for me to reach him under twelve hours. Twentyfour hours later I saw him and found that the tourniquet had been tightly applied most of that time. The stump was fairly strangled and the clot distended the flaps until it seemed that the sutures must cut themselves out. Large water-blisters hung down on each side of the rubber. The wound was still oozing.

I immediately removed all the dressings and the tourniquet, washed the stump with hot bi-chloride, and redressed with firm pressure over oozing points. There was no more trouble from bleeding, and there was never a drop of pus from the drainage tube or from the flaps, the wound healing primarily.

In a paper read before this Society last April, I dwelt at considerable length on the aseptic method of treating wounds, and spoke of the possibility of union by first intention in the presence of large clots, the so-called moist clot union, if strict aseptic precautions were followed. I think no more beautiful illustration could be offered than this case presents.

Castration for Chronic Spermatorrhœa.

Bachelor German, aged forty years, occupation, laborer. Consulted me through Dr. C. Edgar Smith, in March, 1890. Said

he came to be castrated. Upon inquiring into his case I elicited the following history. During youth and early manhood a masturbator. Frequent debilitating night emissions. Never had sexual intercourse. More or less languor, backache and frequent disturbances of digestion. Complained of the urine being full of semen, and that he lost semen at every micturition, as well as at every stool. While a man of average intelligence and considerable reading, he manifestly had mental as well as physical spermatorrhæa.

Repeated examinations of urine, however, never failed to show the spermatozoa. The urine was always opaque and deposited a heavy sediment of mucus and phosphates. Local examination revealed a small, shrunken penis; an atrophied left testicle and a fairly firm right testicle. Here was a man who never had and never expected to have sexual intercourse; who had been under medicinal treatment, in different parts of the country, for years without benefit; whose mind was constantly occupied and harassed by the idea that his mental and physical strength were being undermined by this loss of semen. What was the best thing to do? Without precedent as far as I know I decided upon removal of the left testicle.

In the presence of doctors Kirkpatrick and Smith and Mr. Ingersoll, the operation was aseptically made March 23rd, 1890. Nothing of interest in this connection, the wound healing under the first dressing in six days by primary intention.

I sent the patient into the country to work with the admonition to dismiss his case from his own mind as much as possible, and refraining from all treatment to communicate with me in six months. This he faithfully carried into effect. He reported late in the year that his general health was much improved, but thought from the appearance of the urine, that semen was still present and that both testicles should have been removed. He remained away, however, and continued farm work until September 1st, 1891, when he again presented himself for treatment. Physical condition much improved but mental symptoms distressing. Urine has characteristic appearance and upon examination shows semen.

Upon his earnest solicitation, assisted by doctors A. E. Wheeler and E. W. Clark, I removed the remaining testicle

September 11th, 1891. On the first of the present month he returned to the country lighter in heart as well as in body. I await future developments in this case with much interest. I believe the patient will be well both physically and mentally, and also, without the operation he would ultimately have landed in some institution for the treatment of a "mind diseased."

Since my operation of March 23rd, 1890, Dr. Francis L. Haynes, of Los Angeles, has removed one testicle for the same cause, also complicated by epilepsy. He reports most satisfactory results.

ARSENIATE OF QUININE IN HAY FEVER.

By E. A. CLARK, M. D., Los Angeles, California.

[Read before the Homæopathic Medical Society of Southern California at its first semi-annual meeting held at the Hotel Del Coronado, San Diego, California.]

The treatment of Hay Fever is more palliative than curative. Much scientific research has been given this subject and the result is confusion. There are not two specialists, hardly, that agree whether it is local, neurotic or constitutional. The Galvano-cautery, Cocaine, Morphia, Atropia and the hard study of the symptomatology of our remedies have failed to give us results at all satisfactory. Therefore any remedy, however used that promises help in curing this troublesome malady, even if our knowledge is empirical, should be carefully investigated.

In my early experience in practice I had numerous cases of Hay Fever every year. The town in which I resided being quite a summer resort, many people afflicted with this malady came for a change, hoping thereby to escape it. I studied my cases carefully and endeavored to select the remedy from the totality of symptoms. I suppose I had the average success of temporarily relieving, and in some cases arrested the attacks, but the results obtained were far from satisfactory.

One case, a young lady from Chicago, visiting in the place had a severe attack. The remedies given by her physician failed and in desperation consulted me. About that time I read in one of my journals of the use of quinine as a snuff and taken

internally to have relieved and cured many cases. This patient had the usual symptoms in a greatly aggravated form, severe, frontal headache, neuralgia of the face and neck shifting from one side to the other, worse every other day and greatly prostrated. I was in the right frame of mind to prescribe the quinine treatment. I gave two grains every two hours and prepared some quinine triturated with a little sugar of milk to enliven it to use as a snuff. The result was a surprise to me, and a happy Improvement began after the first day one to my patient. and in three days not a symptom remained. The next year in Chicago it returned but quinine cured it. The remedy did not apply to all cases but I had more good results from it than any other I had used. My wife was also a victim of the malady. It always beginning the 29th, of August. After the acute symptoms had subsided, there followed a severe form of catarrh with bloody and purulent discharges, and bronchitis that continued more or less through the winter and spring, leaving only a few months in summer to recuperate. to California hoping the change would cure her. There was no amelioration even of the attacks, except the catarrh and bronchitis that followed was of shorter duration. The quinine was of no benefit to her. Other remedies palliated but of no lasting benefit. In studying arsenicum alb. we find a perfect picture of the symptoms of this disease, the burning pain and inflammation in eyes, nose and throat, profuse, excoriating coryza, constant sneezing, etc., one would naturally expect good results I gave it in potencies from 3rd to 10,000th but from its use. of no avail. In studying her case there were so many symptoms of arsenicum alb. and recalling my experience with quinine, the thought occurred to me possibly the combination of the two remedies as in our form of arseniate of quinine might accomplish what either remedy singly would not. I decided to try it. This was in August, 1886. Soon as first symptoms were manifested I gave her two grains of the 2x potency every two hours and use it as a snuff every hour. The effect was to In two days it began again with prompt arrest it at once. subsidence after its use. That year there were five or six attacks, each one controlled. The next year there were two or three attacks, also controlled. Iu one of them she was taken in

the early part of the evening. I was away and returning about midnight found her suffering with usual symptoms very severe; could not lie down because of difficult breathing. Two doses, an hour apart and using it as a snuff promptly relieved her, resting the balance of the night, in morning all symptoms had subsided. In 1888 I had her anticipate by taking the remedy in advance and there was no appearance of the disease nor has there been since.

I have used the remedy in many cases with most satisfactory results. In chronic, inveterate cases it has lessened the attack in severity and duration. In August, while in Wyoming, I prescribed it to a young lady who had suffered with it three weeks. After second dose improvement begun; in two days entirely relieved. While ascending Pike's Peak I met a lady from Chillicothe, Ohio, who was in Manitou seeking relief but was not benefited. I prescribed the remedy expecting only palliation in this stage, but the relief was greater than we expected. She writes me that in Omaha she experienced a severe attack, but using the medicine thoroughly was controlled, and hopes by its timely use next year to escape entirely.

The symptoms I have come to regard as indicating this remedy are burning, smarting and often excoriating coryza, sneezing, mucus membrane congested, nasal discharges after acute symptoms had subsided, yellowish, bloody and purulent; conjunctiva red and swollen; profuse burning lachrymation, ringing and roaring in ears; frontal headache, neuralgic pain in eyes, ears and face, shooting down the neck; increase of temperature, not high, often preceded by slight chill; difficult breathing, suffocation, asthma, relieved by being in open air; weary, tired sensation; more or less periodicity, in other words the symptoms of arsenicum alb. are most prominent; also many indications of the constitutional effects of quinine.

I would not have you think I consider this remedy a panacæ from this troublesome disease. When there is nasal obstructtion, caused either by hypertrophy of the turbinated bones, deflection of the septum, or presence of fungoid growths, surgical interference is absolutely necessary, but I would give it in every case presenting above symptoms. I consider the local effect, as a snuff, of great importance.

I am not aware the profession is using this remedy in the manner described. Would like you to try it and report results.

INTESTINAL IRRIGATION.

BY F. W. SOUTHWORTH, M. D., TACOMA, WASH.

Running as a thread through a fabric, one notes the articles in the various medical journals of the day on the subject of intestinal irrigation. It enjoys like other medicinal and surgical procedures, many and varied names, such as the "Colon Douche," "Flushing the Colon," "Anti-death bath," etc., etc., and like its many distinctive names, has various methods of administration, according to the various theoretical views entertained by the prescriber.

So far as I am aware, Dr. Hall, of New York, was the first in this country to make an extended and systematic investigation of the matter, and, as a result, it is often called (though this is only a part of the entire treatment) Dr. Hall's treatment.

In England Dr. E. Ralston is considered its originator and principal exponent. His system has lately been introduced into the United States and throughout the country; clubs are being formed called the Ralston Health Clubs, having head-quarters at Washington, D. C.

My attention was first fixed on this subject from observing its remarkable results in a few cases under my immediate observation, and of late, I have been making personal investigation and experiment in a large number of varied complaints among my patients. In some cases the enthusiasm engendered is remarkable and the reason is very obvious, but I am satisfied that the extravagant claims made for it are not realized in more than half the experiments.

I have found it especially beneficial in diseases traceable to intestinal troubles, such as indigestion, constipation and chronic diarrhœas, hæmorrhoids and the various reflex conditions due to atonic dyspepsia. In such cases it will do more in a month's time than a year of medicinal treatment by indicated remedies alone, and as a prophylactic to disease, I believe it a potent factor.

It should not be indiscriminately used. From one half to one gallon two or three times per week before going to bed is all that is required. It should be used warm as can nicely be borne, with a little salt or carbolic acid added. One writer states that the colon cannot be flushed without a tube passing the column, but this is not so, as persistent and judicious effort will demonstrate. The expansive action of the water, vis a tergo, opens the valve and permits its thorough entry into all portions of the intestines.

As to the rationale of this treatment, I think you will coincide with me in believing that our food supply being generally adulterated with various chemicals, etc., renders it more or less injurious to the health and vigor of the people. Now, after stomach digestion has taken place, the refuse and debris is cast into the bowels. The duodenum and upper portion of the small intestine finishes almost entirely what is left of the digestive process, and the residue becomes effete matter remaining in the lower bowels from twenty-four to thirty-six hours. Does it not seem very reasonable to suppose that more or less poison is absorbed from this waste matter, entering into the circulation and producing various harmful results, in the way of cutaneous eruptions and general impairment of the vegetative system. If, then, we remove this septic material, this must obviously benefit both the sick and the well, giving health to the former and buoyancy and vigor to the latter.

I have always opposed this treatment on the ground that physiologically, the mucous membranes are excretive, but they are also secretive and poisons as well as foods may be absorbed by them in almost any part of the body in a greater or less degree. As disintegration, fermentation and putrifaction occur during the process called digestion, why not remove the waste matter or ashes, as we would the ashes from the stove, that the furnace may do its proper amount of heating.

In the cases spoken of, I have had some remarkable results, but it would require too much valuable space to enumerate them here. I simply put this matter forward as a suggestion with the thought of aiding treatment in obstinate cases and with the idea of stimulating investigation along this line. My success warrants me in pursuing it, when, after more extended trial, I will, I trust, be able to define its proper place in the treatment of the various "ills which the flesh is heir to."

ARSENICUM IODATUM IN PHTHISIS.

By W. H. STILES, M. D., SAN BERNARDINO, CAL.

[Read before the Homocopathic Medical Society of Southern California, at its first semi-annual meeting held at Hotel Del Coronado, San Diego, Cal.]

I would like to give the result of a little experience I have had with arsen. iod. in a case of acute phthisis, during the last year. It is not with a view of presenting this as a new remedy in phthisis, but having had occasion to look after more than the usual number of this class of cases in the last eighteen months, possibly caused by or at least influenced by the recent epidemic, la grippe, I have given the subject considerable attention.

I find, by comparison, that by far the best result was obtained in those cases where arsen. iod. was given throughout in the treatment of the case, hence I desire to call your attention, briefly, to the use of arsen. iod, in this disease, I will give first the history of two or three cases treated chiefly by this remedy.

Case 1. A gentleman, aged thirty-eight, with a history of inherited phthisis; also lost a brother with this disease. Came to me January 6th last, with all the symptoms of acute phthisis, a considerable portion of both lungs being involved; temperature running day after day to 103½°; hectic fever; profuse and exhausting night-sweats; cough continues and very troublesome; expectoration of heavy muco-purulent character; repeated hemorrhage though usually small in quantity; emaciated and in every particular a most unpromising outlook for the patient. Arsen. iod. was given. The case was visited every day or every other day, the temperature and all symptoms carefully noted. January 14th the temperature was averaging a little lower; slight increase in strength and appetite, otherwise about the same. January 20th, temperature 102°; considerable improvement in strength, has fever and cough; night-sweats much less troublesome. January 28th, tempera-100.5°; still further improvement as above; cough much easier and expectorating freely; begins to want his beef-steak; to take more exercise, and more interest in life generally. February 15th, patient up and about the house and yard; temperature ranging from normal to 99.5°, from this time on his convalesence though slow was continuous. I have given you the temperature at intervals of a week or ten days, but it was taken almost daily. A few times when I stopped the arsen. iod. the temperature would raise, when a return to it would bring it down. The gentleman is now able to manage an extensive business requiring no small amount of physical and mental vigor.

Now the improvement in this case is to me remarkable from the fact that so large a portion of the lungs, apparently in this active stage of suppuration, and all symptoms and condition of patient so unpromising, should improve so rapidly and repair so large a portion of diseased tissue.

Case 2. A young lady, aged eighteen sent to this state from her home in Iowa, by her family physician with a very unfavorable prognosis. She had lost a sister a year before with quick consumption. Her temperature was 102.5°; deep, hoarse and hollow sounding cough; marked laryngeal complications, with complete loss of voice; high fever; apices of both lungs diseased. I saw her first in July. Prescribed arsen. iodide. July 30th, temperature 102°; thought she felt a little better. gust 13th, the improvement was considerable; temperature 101; can speak aloud though still very hoarse; cough and fever is less; strength increasing every day, she says. August 29th, shows a temperature of 99, with the patient improving in every way; has almost her natural voice; she is now entirely without fever, and but little cough; has gained ten to twelve pounds in weight, and the condition of the lungs so much improved that I believe she will get well.

CASE 3. Is a hopeless case and beyond human aid, but given to illustrate what can be done with one so low, that it would seem their life was numbered with but a few days.

A lady, unmarried, aged twenty-seven, I saw her first early in March; temperature 103 to 104°, fever intense; sweating at night most profuse; profuse and exhausting diarrhœa; several severe hemorrhages; cough incessant; expectoration of

heavy, yellow character; appetite gone; extreme emaciation; there were also cavities present, and in every particular the case was a bad one. Arsen. iod. was given, occasionally some other remedy that seemed to be called for, was given in alternation with it; for two weeks she continued about the same, when a slight improvement was noted, first with lowering temperature and increased strength. This improvement continued until temperature remained nearly normal for weeks. The improvement on every side was decided; patient was able to ride and walk long distances, and to visit different localities with a view of improving health. This case is now again declining and is hopeless, and I wish simply to claim for arsen. iod. the virtue of having prolonged her life for several months and made her much more comfortable than she could have been without it.

It seemed for a time to change the whole nature of the case, but too much tissue had been destroyed, and she had passed the point where anything more than a temporary improvement was possible.

Five years ago this winter I was called to see a case of chronic phthisis. An old gentleman, age sixty-five, that was having a severe hemorrhage from the lungs. The case got along fairly well and since that time has been able to attend to business a greater portion of the time. Early this Spring a severe attack of la grippe brought back all the old trouble with great intensity, and there seemed but little hopes of his recovery. Without going into particulars of record of case, will simply state, after a few other remedies were tried, arsen. iod. was prescribed and a most favorable change in the case began. He is now again at work and in his usual health.

This case would suggest that the remedy is equally adapted to subacute cases, or, active form coming on in cases of chronic phthisis, that has started up anew an active form of suppuration.

I have selected these cases because of their undoubted tuburcular nature and severe form, and in a measure illustrative of what iodide of arsen. will do.

If doubts should arise relative to diagnosis in any case, as between chronic pneumonia and acute phthisis, still you are

not amiss with this remedy, for, in chronic pneumonia, where inflammatory exudation has not been absorbed, but transformed tuburcular matter, you have here again the tendency to rapid suppuration, and again will arsen. iod. serve you well.

The cases I have given are few in number, but they are typ-

ical of quite a number in which I have used this drug.

I wish to especially emphasize this result of its use in all this class of cases. A steady, average lowering of the temperature with marked lessening of the suppurative process. I know of no other remedy that will lower the temperature and fever so rapidly and permanently, relieve the cough, increase the appetite and strength as this.

A complete picture of the characteristic symptoms calling for the use of iodide of arsen, in this disease, I will not attempt to give in a cursory article like this. In fact I do not think there are many, possibly not sufficient to satisfy those who would prescribe upon this ground alone. I have not hesitated to prescribe it empirically and upon the pathological condition alone. In those cases I have mentioned, I have given it persistently and for a steady diet, with an occasional remedy in alternation the case seemed to require.

The effect of this drug in large doses, is to produce in larynx and trachea, hoarseness and chronic inflammation, similar to laryngeal phthisis, and in the lungs, congestion, inflammation and hemorrhage.

In consumptives it is called for when the diarrhoa is offensive and excoriating; profuse expectoration of salty, sour taste, often excoriating the lips; excoriating character of all the discharges; shortness of breath and tight cough on slight exertion; intense nature of the hectic fever and in fact of all symptoms with constant fear and anxiety. But chief of all I believe is its well known action upon serious blood changes, decomposition, etc., which is always present when there is active destruction taking place in the lungs.

Millefol. has been used successfully in hæmaturia, with pain in the renal region, chilliness, pressive pain in the urethra during flow of blood.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

Eviceration of the Eye Ball.

We are in receipt of a very interesting brochure upon the above subject by Dr. A. E. Prince, of Jacksonville, Illinois, in which he sets forth the advantages of this method, when employed with certain improvements adopted in his own practice. Removal of the contents of the globe has usually been followed by such severe inflammation as to lead to its general abandonment, and the swelling, together with the intense pain accompanying the operation, has been ascribed to pressure upon the exposed long ciliary nerves.

Dr. Prince adopted the plan of cauterizing the entire surface of the emptied globe with pure carbolic acid immediately after the eviceration and then packing the cavity with iodoform powder, and he says the result was uniformally brilliant and successful in twenty-five cases treated in this manner.

The benefits claimed for the carbolic acid are: 1. Its quality as an antiseptic. 2. Its anæsthetic qualities. 3. Because it is believed to close the apertures of the sclera, and thus prevent the escape into the orbit or sheath of the nerve, of any micro-organisms which would escape the action of the acid, and 4. Because the sensory nerves treated cannot respond in sensation of pain to the subsequent irritation and tension to which they are liable to be subjected. When viewed from a cosmetic standpoint there is no doubt that this form of stump is superior to all others, and we commend the doctor's researches to the careful consideration of an advancing profession.

Pyoktanin.

If we may judge by the enthusiastic reports thus far given of this drug in the treatment of eye diseases, especially of the cornea and iris, it would seem that a very important remedy had been added to our armamentarium. Professor Stilling claims for it the cure of pyoid, corneal ulcer, hypopion and marginal ulcer in one day, and such grave and chronic maladies as parenchymatous keratitis and serous iritis in one week. If all that has been claimed for the drug should prove true, the office of the oculist must soon be declared vacant.

Dr. Hasbrouk records in the Journal of Opthalmology for January, a number of clinical results that seem to prove that Professor Stilling's claims were within the bounds of reason. The least we can do is to give this much lauded agent a thorough trial, and we will hope that it may escape the fate of jequerity. We hope at no distant day to record our own experience with the drug.

Colleges and Hospitals.

COLLEGE NOTES.

The Clinic for Mental and Nervous Diseases.

PROF. GEORGE H. MARTIN, M. D.

LADIES AND GENTLEMEN—The patient before you to-day, is as you see, a blind man fifty-four years of age, and as he came into the clinic room, you observed that he had to be more than half supported by his wife. He comes to us to find out if we can do anything for him. In order to answer that question, we must first diagnose his case. He does not come to consult us on account of his blindness, but because he finds he is growing weaker and less able to walk. His history is this:

Seven years ago he was a strong, healthy man, a musician by profession, that is, he played the hand-organ on the street corners. After a severe cold he discovered that his eye-sight was failing him, he went to an oculist here in the city, who examined his eyes, and found that he had a beginning atrophy of the optic nerve. Large doses of strychnia were given him without avail, the disease progressed until he was totally blind, which took place about a year after the onset of the trouble or six years ago. Five years ago he noticed that his

limbs were growing weak, and he could not walk far before he became extremely tired and when tired, his limbs would ache severely. Later as the disease progressed there was a partial loss of sensation of the limbs and feet. When going down stairs he feels as though he were putting his foot into a bottomless hole, when stepping from one stair to the other.

That is the case as he states it. His idea is, that the oculist gave him so much strychnine, that it caused the paralysis, but such I do not think was the case, as you will see later. Now, what do we find. First atrophy of the optic nerve. Second, we will ask him to stand still unsupported, and we find he cannot stand an instant without falling over, and would go to the floor if not caught. If this man could see and was asked to stand alone with his eyes open, he might be able to do so; but close his eyes and he falls at once. This is due in part to the weakness of his limbs and in part to anæsthesia of the bottom of the feet, so that the patient is not sure that he has his feet squarely on the floor, unless he can see them. he attempts to walk you will notice that his feet drag along the floor, and his knees almost give away under him. Third, on testing his patella reflex, we find it completely abolished. Fourth; we will ask him to touch the tip of his nose withhis extended forefinger, we see that he does it very well every time. Now we will ask him to unbutton and button his vest; you notice that his fingers seem to be alittle weak and that it is difficult for him to do it. Fifth; I will now test the sensibility of the lower limbs. I will take this pin and thrust it into the leg until he says it hurts, you see it is clear up to the head and he does not say it hurts yet; I will ask him if he feels it, and he says he feels something but it does not pain him. In other words we have what is called "analgesia" loss of sensation to pain. You must not get this confounded with "anæsthesia," which means loss of sensation. If this limb were anæsthetic, he would feel nothing, not even the pressure of the pin. Sixth; he has considerable difficulty in voiding his urine, and is excessively constipated, going seven or eight days without any movement of the bowels. Seventh; let us test the strength of his lower limbs. I will do this in this manner; I grasp the lower part of the leg just above the ankle, with my left hand, and ask him

to straighten his leg and hold it straight, while I try to bend it by putting my right forearm under the leg back of the knee, and pushing down with my left. You see I do not have to use much exertion to accomplish this, which proves that his limb is extremely weak, it will usually take a very strong man to bend the leg of even a comparatively weak man by this method and when the limb gives away as easily as this one it shows serious trouble in the spinal cord or brain. His limbs as well as his whole body are well nourished, and I should judge he weighs about one hundred and seventy pounds. He says that is correct. There are no contractures; his general health is very good, but of late has been getting very much depressed on account of his increasing helplessness.

Now, what have we here? What is the diagnosis? I am told that some physicians have diagnosed it as Posterior Spinal Schlerosis or Locomotor Ataxia, but I believe it to be Chronic Myelitis, that is, Chronic Inflammation of the Spinal Cord. Let us see what the differentiating points are.

First: Atrophy of the optic nerve, is quite common in the first stage of Locomotor Ataxia. We have that as the first symptom in this case, but I believe it to be accidental rather than the result of the spinal cord trouble, as we find other members of his family have been blind.

Second: His inability to stand unsupported, may have been considered as due to inco-ordination, but as I said before I believe it to be due to the weakness and partial anæsthesia of the bottom of the feet, and I think so for this reason. When he is asked to touch the end of his nose with the tip of his finger, he does so without any difficulty, which he could not do if there were inco-ordination, and again when he attempts to walk, he does not spread his limbs apart to give him an under base for support, as he would do in Locomotor Ataxia, but he brings his limbs together in order to gain the most support from them.

Third: We find the patella reflex abolished here as we would in posterior schlerosis. In myelitis the reflexes are usually exaggerated, but those which depend upon a reflex act in the diseased segment are abolished, and that is the condition in this case. Fourth: When he attempts to unbutton and button his clothing, we find a weakness of his fingers but no inco-ordination as their would be in Locomotor Ataxia.

Fifth: Analgesia is a very common symptom in Locomotor Ataxia, and also Myelitis.

Sixth: The vesical and bowel symptoms are also common in both conditions, but in Locomotor Ataxia we are apt to have the fulgurating pains in bladder and rectum, in the first stage which this man has never had. Again we are apt to have these same lightning like pains in the limbs as well, during the first stage, but the only pain this patient has complained of, is the severe aching upon exercising too much.

Seventh: When we came to test the strength of the lower limbs, we found that they were extremely weak. Now, in Locomotor Ataxia, we find there is very littleloss of strength until the very last, the staggering gait is due to the lack of power of co-ordination, and not to weakness. I remember once when I commenced to teach in this College, a man came before the class, whom I thought had Myelitis, I was explaining so nicely the condition of things, and was so sure of my diagnosis although I was not wholly through with my examination; that I said to the class, "now we will see how easy it is to bend this man's leg." He was not a very large man, but I pushed and pushed and could not make it yield an inch, then I began to wonder what was wrong, I commenced all over again, and finally came to the conclusion that he had Locomotor Ataxia, and that proved to be the case.

There are many confusing symptoms in this case, but the weakness of the limbs, the power of co-ordination and the character of the gait, with the other symptoms, are enough to prove the diagnosis.

Now, as to the question, can we do anything for him? We have gone carefully into the diagnosis, and feel sure of it, but after all of our study and investigation, we will be under the necessity of telling him we cannot help him much. We may be able to retard the progress of the disease somewhat but we cannot materially improve his condition.

In the earlier stage of the disease much can be done by our method of treatment, certainly more than our old school brethren can do, but at this late day we are absolutely powerless. Do I think that the strychnine caused this trouble? No, strychnine might cause a self-limiting functional disturbance of the grey matter of the spinal cord, but I do not think, given by the hands of a careful physician, as I know the gentleman to be, to whom this man went, would cause a slowly progressive inflammation, involving both grey and white matter. Never jump at conclusions too quickly and think that because your patient has been under old school treatment that his trouble has been caused by excessive medication, for such is not always the fact.

Alameda County Society.

At a regular meeting of the Alameda County Homœopathic Medical Society, held January 12th, 1892, the following preamble and resolutions were unanimously adopted:

WHEREAS, in the divine economy of nature it has pleased God to remove from our number, one of our honorary members, Giles M. Pease, M. D.; therefore,

Resolved, That in the death of Dr. Pease, we have lost an efficient member, a wise counselor and eminent surgeon; and the medical profession a faithful exponent of the principles of homoeopathy.

Resolved, That this preamble and these resolutions be spread in full upon the minutes of this Society, and a copy properly engrossed, be sent to his family, and a copy be also sent to the CALIFORNIA HOMEOPATH for publication.

S. F. RODOLPH, Secretary.

The Institute Session of 1892-Secretary's Notice

The annual session of the American Institute of Homœopathy will be held in Cornwall's Hall, Washington, D. C., on Monday afternoon, June 13th, and continuing till Friday, June 17th, 1892. Monday afternoon will be devoted to preliminary and routine business, and in the evening the President's address will be delivered and the memorial service held. (See Transactions of 1890, page 63.)

The proprietors of Willard's Hotel, the Ebbitt House and the Rigg's House have contracted with the Committee of Local Arrangements for a uniform rate of three dollars per day to the physicians and their friends; private bath-rooms or parlors to be charged for extra at the usual rates. Rooms, meals and attendance to be first-class in every respect. The Local Committee will establish their headquarters at Willard's, and will maintain a bureau of information and registration, at which all persons attending the session and their lay friends are requested to register. The Committee requests that all engagements of rooms at any of these hotels be made through their chairman Dr. J. G. B. Custis, or their secretary Dr. Wm. R. King.

It appears that the preparatory work of the Bureaus is being prosecuted with more than usual energy, with special efforts to secure an intelligent and profitable discussion of the papers Essayists who wish their papers well discussed should place duplicate copies in the hands of the appropriate chairman at least one month prior to the meeting.

The session of 1892 presents some special claims to the support of all homoeopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of homeopathy in the Southern States; to present a strong front to the governmental officials assembled at Washington; to antagonize the schemes now taking shape, for the subversion of the professional liberty of the physicians practicing in and around our National Capital; to take action respecting the boycotting of homeopathic physicians by life insurance companies: to further increase the numerical strength and influence of our National Society; and to prepare for a proper display of our power and importance as a profession to the people who will visit our shores during the Columbian Exposition-These are some of the motives and objects that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Secretary's Annual Circular, to be issued in May, will contain information concerning railroad rates and facilities, and a complete programme of the business of the session. Any

physician failing to receive a copy can obtain it on application. Membership in the Institute is open to all physicians in good standing. A blank application will accompany the Annual Circular. Admission fee, \$2.00; annual dues, \$5.00, entitling the member to the annual volume of transactions.

Pemberton Dudley, M. D., General Secretary.

15th and Master streets. Philadelphia, Penn.

Editorial Notes.

THE campaign of our various journals and societies about life insurance discrimination against homeopathic physicians has been productive of some good. A life insurance agent called recently at the office of one of the editors of this journal, with a proposition to insure his valuable life. We told him that we considered it too valuable not to be insured and, in fact, had had it insured for a small amount in a very good company; that we were willing to carry more, etc. gentleman's countenance, at the latter clause, took on that radiant hue peculiar only to life insurance agents when a commission is in sight, and proceeded to expostulate about his company as being superior to all others. We allowed him to ramble on in his reserve-fund, dividend and twenty years option talk for a few moments until we brought him up suddenly with the inquiry: "Who is your homoeopathic medical examiner in this city?" "We have none," he replied; "our company has not progressed that far, and I must admit that they are short-sighted. I see I can do nothing further with you, doctor, and I will furthermore say that you are the third homoeopathic physician who has practically fetched me up in the same manner within the last two hours." Thereupon he gracefully took his leave, and, as he was only looking for lives whose intrinsic value really would make it an object to insure, we did not recommend him to visit the remaining members of the editorial staff, except for additional points on life insurance discrimination. D.

Personals.

Dr. Jean E. Deweese has removed to No. 10221/2 Sutter street.

DR. J. C. KIRKPATRICK has removed to 328 West Third street, Los Angeles.

DR. MEYER, of Seattle, Washington, is spending a short vacation in San Francisco. The doctor is prospering.

Wanted—To buy an interest in a Sanitarium in California. Address, National Medical Exchange, Elkhart, Indiana.

DR. A. J. Howe has located at No. 520 Sutter street. Hours 10 A. M. to 12 M. Drs. Howe and Davis should make a good team.

THE Congregational Mission in Japan is in want of a Homœopathic Doctor, lady preferred. For further particulars apply to the business manager of this journal.

PERMISSION has been solicited DRS. BOERICKE and DEWEY for the translation of their work on the Twelve Tissue Remedies of Schussler into the Bengali language of India.

Selma, California, offers a good field for a progressive homeopathic physician, man or woman. The present occupant is about to leave and would sell out at a very low figure.

DR. CHAS. M. THOMAS, of Philadelphia announces that he has relinquished the practice of general surgery, and will hereafter devote his entire attention to the diseases of the eye and ear.

PROFESSOR A. A. CUNNINGHAM, of the Hahnemann Hospital College, will give a course of instruction in elementary chemistry at his laboratory, beginning February 18th, 1892. Twenty lectures \$15.00.

AMONGST our physicians of neighboring cities who have visited us during the past month are Drs. MILLER and PIERCE, of San Jose; Dr. M. F. Grove, of Healdsburg, and Dr. Henry Damkroger, of Modesto.

DR. MARY K. Telson, of the class of '91, Hahnemann Hospital College, has opened an office at No. 1241 India street, San Diego. The doctor devotes herself to the diseases of women and children, and we wish her the success she deserves.

DR. CARRIE B. FLOWER, who has practiced in Los Gatos for the past three years, and greatly endeared herself to that community, has removed to Virginia City, Missouri. DR. FLOWER is an excellent and conscientious physician and a lady of culture and refinement, and is sure to be appreciated in her new sphere of activity. DR. T. B. Cosack has removed to No. 905 Geary street.

DR. Amos J. Givens has opened a sanitarium for mental and nervous diseases within one hour of New York, at Stamford, Connecticut. DR. Givens has had five years' experience in the treatment of insanity, first as Interne at Middletown, New York, at the State Homocopathic Insane Hospital, and later as Assistant Physician at Westboro Insane Hospital in Massachusetts.

AS OTHERS SEE US.

DR. GEO. T. STEWART, formerly of San Francisco and also of Los Angeles, now chief surgeon at Ward's Island Hospital, New York, writes pleasantly of some of San Francisco's physicians, whom he met during his residence here, in a recent number of the *Medical Times*:

A CHAT ABOUT OUR FRIENDS IN SAN FRANCISCO.

Among the pleasures of California, so numerous and so attractive, we are apt to thrust aside that which really creates that pleasure and to put away our human friends for the other beauties of nature. The climate with its soft, balmy atmosphere, the luxuriant vegetation, its evergreen leaves and its fruits, fill the mind to repletion, but if we look for the reason of all this we will find our friends lending themselves to make it all up.

The years spent with these friends are full of pleasant memories and of facts relating to them which should awaken us all to the knowledge of the striking individuality and the power of those men who have built up a reputation for themselves and for the school which they represent. Among the many names I recall, one which is well known to all, Dr. Wm. Boericke, Professor of Materia Medica in the Hahnemann College of San Francisco, and one of the editors of The California Homeopath—a genial man, a good teacher, and one who possesses a quick, grasping mind. This recalls the names of other gentlemen who were instrumental in the formation of the medical school. Dr. Eckel, our pioneer in San Francisco, a fine old German gentleman, who was the honored president of the Turn Verein for many years; Dr. Albertson, the leading physician, who gave up general practice for consultation a number of years ago; Dr. Palmer, the great big surgeon of the city; Dr. Currier, the former Dean and throat specialist; Dr. French, the quiet, fun loving oculist and aurist, with whom in former years I was so intimately acquainted; Dr. Davis, the gynecologist and obstetrician, who believed in higher potencies than I could; Dr. Dewey, the anatomist and formerly a member of the Ward's Island house staff. These men all took part in the work of teaching, and they have to-day one of the best of medical colleges to be proud of.

In connection with the college is a dispensary, wherein Dr. Lowery, an orthopædic surgeon, also of Ward's Island, and I took turns in attempting to cure, but there was no "Golden Gate" through which patients had to pass. That dispensary to-day is the largest in San Francisco.

We must not forget Dr. Breyfogle, who bears the name, loved by us all, although not connected with the college. He is a whole souled man, and one from whom you will ever receive a warm welcome. Dr. Pease is another man with whom I have spent hours, and have assisted in his gynecological

work, with great advantage to myself. He is a man of the "old school," but at the present time a pretty "high" convert. His connection with the Fabiola Hospital, across the bay, in Oakland, brings to mind that Grand old fighter, Dr. Selfridge, the backbone and founder of the hospital. Dr. Green formerly of Little Rock, is another oculist and aurist of the New York Ophthalmic School, a pleasant friend and a good surgeon.

These men all form the pleasantest galaxy of remembrance, and in their contemplation, the leaves wither, the climate loses all its balminess, and naught remains but there pleasant greetings and the memory of themselves.

Book Reviews.

Treatise on Gynæcology, Medical and Surgical. By S. Pozzie, M. D. Translated from the French edition by Brook H. Wells, M. D. New York, Vol. I.

This is one of the best works we have seen upon this subject, and is what its American translator claims for it when he says: "The Cosmopolitan spirit of its author, shown in his exhaustive research and judicious appreciation of the work of other nations, together with his keen and natural judgment in utilizing the material from his own rich chemical fields, make it a clear and reliable guide to the most advanced and best practice in this specialty." The author commences the work with a most excellent chapter upon antisepsis in gynæcology, which topic is thoroughly discussed, and up to the latest discoveries in this direction, each subject treated of is done equally as well. At the end of each chapter we find a valuable addenda in the shape of a bibliography referring to the subject matter previously discussed. It makes a valuable work of reference for any physician's library.

G. E. D.

Clinical Items.

Cubeba Officinalis.

For an old drug, it having been used for over five hundred years, cubeba on the whole is little known outside of its action in gonorrhœa and leucorrhœa. Besides this however, there are a number of important uses for the drug and very valuable ones too. Its clinical applications are very precise though somewhat meagre, and besides this, the drug has been proved, but not thoroughly, however there is an interesting similarity

between the symptoms of the provings and the clinical and empirical use of the drug by the allopaths.

Besides its uses in gonorrhea and leucorrhoea, which are too well known as to require repetition, we have the following conditions, and those who use it in these troubles in accordance with the indications will not be disappointed in its use. It is really too valuable a remedy to be relegated to the shelf.

Coughs.—At the present time when the coughs of la grippe are running riot and every apparently indicated remedy has failed to characterize itself, when adjuvants questionable in homeopathicity have also failed to do good, we find that cubeba acts promptly when there is a train of symptoms something like this: An incessant dry, hourse cough with a sensation of something in the larynx to be removed, and accompanied with dryness and smarting in the throat. The expectoration is difficult, yellowish, greenish or grey, and only appears after long-continued paroxysms of cough. There is also fulness in the chest and wheezing. It is also a very useful remedy in catarrhal conditions of the air passages, or inflammation of the bronchial tubes with copious secretions accompanied by a relaxed condition of the system. These conditions correspond very closely with those severe coughs which follow an attack of la grippe, and cubeba here is one of our best remedies.

Bladder Affections in Women.—Here is certainly a field in which cubeba has been overlooked, and in which it is a most valuable remedy. When in women or in young girls, as is often the case, there is a frequent, at times almost constant, desire to urinate, and during the passage there is a great deal of acute stinging and vesical tenesmus, which lasts for some time after the passage. This is a condition only too frequently met with, and one that demands immediate relief. Cantharis is the usual drug that is given here, but cubeba is more often the curative remedy. Neuralgia of the neck of the bladder will also sometimes find its remedy in cubeba.

Stomach Symptoms.—The drug has many stomach symptoms, but it does not usually, when given in small doses, affect the digestive apparatus in such an unpleasant manner as does copaiba; indeed it acts as a mild gastric stimulant in cases of

atonic dyspepsia, possessing carminative properties and increasing the appetite.

The drug seems to act better in the above affections in the tincture, a few drops in a half glass of water, and given in teaspoonful doses. Dr. Swan, of New York, has prescribed it with success in the C. M. and M. M. potencies.

SPUTUM AS A DIAGNOSIS SIGN.—In phthisis we have mummular sputum; looks like coin; which floats in a clear liquid.

In measles we have mummular sputum, which floats in an opaque liquid.

In bronchiectasis there is stinking sputum; also in fibroid phthisis we have stinking sputum.

In cancer of the lung, we have sputum that looks like current jelly.

In pneumonia we have rusty colored sputum.

In ædema of the lung, the expectoration is serous.

When we have pneumonia terminating in gangrene of the lungs, the sputum is exceedingly fetid, greenish or brownish.

The sputum of chronic bronchitis, when associated with disease of the heart, look like the white of an egg mixed with water, and may amount to a quart or half-gallon in twenty-four hours.

The sputum of chronic bronchitis, when not complicated, is large, broad and irregular, and is greenish or yellowish.—Morris, in Times & Register.

Clinical.—Fluent coryza, with obstruction of the nose; the mucus is discharged only through the posterior nares. Coryza with hoarseness. The nasal discharge easily becomes feetid and yellow, with complete obstruction of the nasal passages, or sometimes with dropping of water from the nostrils. Warts on the tip of the nose.

Thlaspi bursa tincture, white sediment in urine. When the use of the catheter seems to have become a necessity, this remedy will often take its place.—Dr. Brueckner.

DR. WHYTE claims that all injections are injurious in gonorrhœa, that every case can be cured with the oil of wintergreen, six drops three times a day.

Elaps.—Buzzing, roaring and cracking in the ears; illusions of hearing; offensive discharge with deafness; sudden attacks of deafness; cracking noise and pain from throat to ear on swallowing.

Sticta. Sharp pains in the shoulders or back of neck extending upwards into the head, also loose morning cough, easy expectoration of whitish mucus, streaked with blood or frequent slight hemorrhages of dark blood. Cough in the evening with considerable oppression, increasing from midnight till morning.

Ranunculus bulb.—Pains in chest, shooting all over the chest, worse on touch and motion. Intercostal neuralgia.

Euphrasia.—Lack of interest in play and company of other children. Indolent hypochondriac external objects have no life for him. Sleepiness during the day, overpowering in the afternoon.—(C. N. PAYNE.)

Yucca.—Headache all through as if the top of the head would fly off—Deep pain in right side over liver.

Iodium—patient is sallow, emaciated, hungry, restless, suffers from palpitation—weak chest better lying down.

Ammon mur. is indicated in old people, with chronic, wheezy cough, increased at night, preventing sleep. Some relief from coughing up some mucus, but soon more accumulates and excites the cough again. Symptoms worse in open air.—Chironian.

Kali brom.—Acne on face and back with menstrual irregularities.

Kali Carb.—Long-lasting, sluggish menstruation, attended with bloating of the abdomen.

Hydrangea. One drop of fluid extract, frequently repeated, is specific to sharp cutting pains in the urethra in the passage of water.

Cuprum.—Mental and bodily prostration after over-exertion of mind or loss of sleep; also, restless tossing about.

Secale, is the remedy for the cold and dry hands and feet of excessive smokers, with feeling of fuzziness in fingers. they can't button their clothes, etc.—Intolerance of any covering; great burning internally and inordinate thirst are secale characteristics.—Prof. Allen.

Cannabis indica has proved very useful in the treatment of melancholia and mania. It is of great value in the treatment of chorea when arsenic fails. It may be combined with choral with advantage in such cases. In migraine the drug is of great value; a pill containing a quarter of a grain of the extract, with or without the same amount of phosphide of zinc, will often check an attack immediately, and if the pill is given twice a day continuously the severity and frequency of the attacks are often much diminished. Patients who have been incapacitated for work from the frequency of the attacks have been enabled by the use of Cannabis indica to resume their The drug is also a valuable gastric sedative in employment. cases of ulcer of the stomach and gastrodynia. combined with nitrate of silver, and it increases the efficacy of the latter. It is also a valuable hypnotic.—British Medical Journal.

Quillaya is very similar in its action to senega. Cough with difficult expectoration and impeded respiration.

Veratrum—In cases of chronic bronchitis, in the aged, often indicated in loud, barking cough in the hysterical, it is an admirable medicine. Also, in intermittent action of the heart, occurring in feeble persons, with some obstruction of the hepatid circulation, veratrum, 6th centes, is of the greatest possible service, both in steadying the heart's action and in restoring healthy function to the liver.—Dr. Bayes.

Selections.

Peroxide of Hydrogen.

This seems to be a season of testimony for the peroxide, and one could easily think that the medical journals were subsidized by it, with the inevitable foot note referring to Ch. Marchand (medicinal.) But I will add a word as I have recently used it in a case different from those I have read. April 9th, I was called in haste to attend a lady in her third confinement. The crisis had come some two weeks before expected, hence no preparations. Circumstances made it necessary to prepare a room and move the lady thereto. It was the work of but a few minutes yet before she could be arranged in bed and the room warmed, the census had been increased.

I had an opportunity to do very little to prevent tearing, and found quite an extensive rupture of the perineum. Soon as circumstances permitted I proceeded to repair the perineum, the lady preferring not to use an anæsthetic and only complaining that it was not altogether pleasant to be embroidered. I used antiseptic precautions and followed it by a vaginal douche of the bi-chloride 1.5000, and the same was given twice daily.

All went well until the morning of the fourth day, when I found that the lady had passed a bad night, with chills, etc., and was then in high fever with very offensive discharge. I prescribed and gave the usual carbolic douches that day with no signs of improvement, and went to bed thinking hard.

Next morning the patient reported better, but I attributed that mostly to increased apathy, for there was still fever with tympanites, tenderness of abdomen and very offensive discharge.

This time after thoroughly cleansing with carbolic solution I gave a vaginal douche of peroxide of hydrogen, diluted with twice its bulk of water. I made no special effort to throw it inside the uterus, because the region was very tender and I was satisfied that organ was well cleared at the birth, and that the seat of trouble was the tears of perineum and cervix.

I prescribed Bryonia and used the douche twice daily for two days, with a light turpentine stupe over abdomen for a few hours. Improvement was immediate and rapid. The fever fled. The tympanites and tenderness subsided at tents and the discharge soon became normal. The lady was confined to her bed but ten days and is now—May 9th—caring for a good baby and doing a light portion of the housework.

Of course this case is not proof of anything—few of those reported are. There were some signs of improvement before the peroxide was used, and other means were employed, but I am inclined to give the H_2O_2 considerable credit for the gratifying change in affairs.— $F.\ C.\ Freeman,\ M.\ D.,\ Redwood\ City$,

California.

The Westboro (Mass.) Hospital for the Insane.

The Springfield Republican of a recent date, in an editorial leader pays its compliments to the successful management of this hospital. It details briefly but clearly the opposition met by the homeopaths—lay as well as professional—in their struggle for State recognition. When this was grudgingly given Dr. N. E. Paine, in December, 1886, was called from Middletown, N. Y., where he had been assistant to the famous Talcott, and placed in charge of the Massachusetts venture. Being a young man, and overand above all, a fearless homeopath, he was looked upon with distrust by the hospital superintendents of the various State institutions and his struggle not alone for supremacy of his school, but for a bare existence, is of the usual kind so familiar to all progressive enthusiastic homeopaths everywhere.

"Well, five years have passed since this hospital was occupied and what is its record?" asks the *Republican*. "It has steadily made more recoveries than the older hospitals, its recovered patients have not relapsed any oftener, its attention to the needs of individual patients (which accounts for the increased

recoveries) has been greater than elsewhere, etc.

After referring to statistical tables to prove the value of homogepathic over allopathic treatment, the editorial continues: "the most marked feature of the care at Westboro, is the use of Dr. Weir Mitchell's "rest treatment," which was applied to 270 out of the first 1300 hundred admissions. Of these 270, 120, or nearly one-half recovered—44 from mania and 76 from melancholia. This treatment requires more individual care from the nurse than the ordinary treatment of insanity, and to this care must be ascribed the more numerous recoveries in this hospital."

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W. C. Wile, A. M., M. D., in the New England Medical Monthly, Dec., 1890.

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